# EXHIBIT 5a PART 7

BP-S148.055 INMATE REQUI ! TO STAFF CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)  Medical Leconds	DATE: 10/15/03
FROM: DONALD ( MOSHien JA	REGISTER NO.: 10924-052
work assignment: extra ordenly	UNIT:
SUBJECT: (Briefly state your question or conc Continue on back, if necessary. Your failure taken. If necessary, you will be interviewed request.)	to be specific may result in no action being in order to successfully respond to your
I legiest a CODY of my LAD	Results that was taken ON
I legiest a Copy of my Lab 10/10/03 ALSO A complete copys a	E All my medical Records.
Dease Respond	
······································	·
(Do not write b	elow this line)
naliseerati 1977. – eratuut on eta era ootaa ja ootaa oo taabaha seenaa ilah edaan 60 aanaan 200 aasaa. Ootaa	
DISPOSITION:	

See attached aa pages

FCI McKean

Signature Staff/Member	Date	000440
Telegy	10/21/03	000416

BP-S148.055 INMATE REQUL 2 TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)  OR Beam	DATE: 10/15/03		
FROM: Domple ( Mostlien on	REGISTER NO.: 10924-052		
work assignment: extra onderly	UNIT: AB		
SUBJECT: (Briefly state your question or conc Continue on back, if necessary. Your failure taken. If necessary, you will be interviewed request.)	to be specific may result in no action being in order to successfully respond to your		
I Reguest A GENO TYPE TEST	DONE to Determine What GOND		
Type of HCV I HAVE SO AN	INformative Dession CAN Be		
I Request A GENO Type test of Type of HCV I HAVE SO AN made ON HOW to TREAT my 1	Pisease. Nease Respond		
(Do not write below this line)			
DISPOSITION:	0/16/03		
will order			

Signature Staff Member

Record Copy - File; Copy - Inmate

(This form may be replicated via WP)



BP-S148.055 INMATE REQUL 1 TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

and BP-S148.070 APR 94

TO: (Name and Title of Staff Member)	DATE: / /
DR BEAM	10/15/03
FROM: DONALO (MOSHIEN JA	REGISTER NO.: 10924 -052
	UNIT:
work assignment:  extra ordenly	AB
taken. If necessary, you will be interviewed request.)	e to be specific may result in no action being d in order to successfully respond to your
policy for Hepatitis A AS I Please Respond	Be VACCINATED ACCORDING TO BOD HAVE CRONIC HCV
· ·	
(Do not write h	pelow this line)
DISPOSITION:	
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will c	hack for promory + 5, B enfections if
Henr	+ 5, B enfections if
	miz ation harded
will	avang
IM Z KANG	Date /0/16/03 000418
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86

BP-S148.055 INMATE REQUL, 'TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: /	
Un Beam	10/15/03	
FROM:	REGISTER NO.:	
DONALD ( Mostien Jh	10924-052	
WORK ASSIGNMENT: EXTRA ORDENLY	UNIT:	
EXIMA ORDENIY	40	
taken. If necessary, you will be interviewed request.)	to be specific may result in no action being in order to successfully respond to your	
I Request A VINAL CODO ACU-	RNA - DCR TO Determine	
What my level on the vinus i	5 BECAUSE DATIENTS WITH A	
I Request A VINAL COD HOU- What my level on the vinus of LOW VINAL CODD RESPOND Bette	in to HCU Herror WITH	
INTENTATION + RIBIVINON		
	RESPOND	
——————————————————————————————————————		
(Do not write below this line)		
DICEOCITATON.		
DISPOSITION:		
See	10/16/03	
willorda		

Signature Staff Member

Nate /

000419

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



BP-S148.055 **INMATE REQUE , I TO STAFF** CDFRM SEP 98

# U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

This form replaces BP-148.070 dated Oct 86

and BP-S148.070 APR 94

TO: (Name and Title of Staff Member)  DR Beam	DATE: 10/15/03
PROM: DONAD ( mostlier JA	REGISTER NO.: 10924-052
WORK ASSIGNMENT: CXTRA ON Only	UNIT: AB
SUBJECT: (Briefly state your question or conc Continue on back, if necessary. Your failure	ern and the solution you are requesting. to be specific may result in no action being in order to successfully respond to your
I Request A liven Biopsy To 1	Determine the Health of my
I Regiest A liven Biopsy To 1 Liven SO AN INCONMITIVE EVALVATION	AN ON MY CONDITION (HCV) CAN
Be made, AS if weather to The CAN pendict INFLAMATION At the predicte of A patient HAS FIBE	at Right Away - Alt Levels any
CAN pendict INFlamation at the	time of the Blood test - CANT
PROJECTE ST A DATIONT HAS FIBE	possis or Cinossis
grease respond	
(Do not write be	elow this line)
DISPOSITION:	
seen 10/16	/03
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y meetic	1 00 FM 20
neraleto	ey would am for 8
Signature Staff Member	Pate 000020

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

BP-S148.055 INMATE REQUE\_I TO STAFF CDFRM

# U.S. DEPARTMENT OF JUSTICE

# FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)  On Beam	DATE: 10/15/03
PONALO ( MOSHien on	REGISTER NO.: 10924-052
WORK ASSIGNMENT:  EXTRA ON ENTY	UNIT:
SUBJECT: (Briefly state your question or con	e to be specific may result in no action being d in order to successfully respond to your
(Do not write)	celou this line)
DISPOSITION	pelow this line)
seen 10/16	/03
will an	103 ong-watch The collouts
Signature Staff Member	Date 10/16/03 000421
Record Copy - File; Copy - Inmate (This form may be replicated via WHEAM FCI MCKEAN)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUL J TO STAFF CDFRM

SEP 98

# U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 10/2/03
DR. BEAM	
DONALO 6 MOSHIEN JR	REGISTER NO.: 10924-052
	UNIT:
WORK ASSIGNMENT: EXTRA ORDERLY	UNIT: A/B
EXIMA UNOCHY	
SUBJECT: (Briefly state your question or co	ncern and the solution you are requesting. The to be specific may result in no action being the specific may result in no action being the specific may respond to your
Continue on back, if necessary. Your laird	med in order to successfully respond to your
request.)	
T HAVE HEDATITIS C.	
I Have Hepatitis C.	Request to be VACCINATED
an it 1/20 lite A	
AGAINST HEPATITIS A	Please Respond
· · · · · · · · · · · · · · · · · · ·	MEASE IZESPWO
Do not writ	e below this line)
DISPOSITION:	it looks like this where other Than to
to the envelope	it looks the
The state of the s	here other Than to
got sen some	an t
	A De LASTA On Continue
/ ··· / · · · · · · · · · · · · · · · ·	
Soon and Stan	action of the state of the stat
and what ne	eds to be done about
it.	
Signature Staff Member	2 Date 000422
Record Copy - File; Copy - Inmate, Film (This form may be replicated via With the Copy - Inmate)	ATT 10/8/03
Record Copy - File; Copy - Inmate, File	This form replaces BP-148.070 dated Oct
(This form may be replicated via Way	and RP-S148 070 APR 94

This form replaces BP-148.070 dated Octand BP-S148.070 APR 94

BP-S148.055 **INMATE REQUL** A TO STAFF CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: CLASSICAL		
DR Smith Maspital Administration	1/28/03		
FROM: DONALD L MOSHIEN JA	REGISTER NO.: 10924-052		
work assignment:  CXTRA ONCY	UNIT: A/B		
SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)			
I HAVE BEEN tested positive.	for Hapatitis C. This explains		
I HAVE BEEN TESTED positive for Mapatitis C. This explains why I HAVE BEEN FEELING SICK All the time I Request At			
this time to be treated for	Mis Disease with peglated		
Intention / Ribiving Also THAT I BE PLACED ON CHONIC CARE			
with NO more delays and Have my Blood monitoried Regundy			
I MANG BEEN FEELING DICK WITH DAIN ENDOEN MY KIGHT KIDS			
AND MY CININE HAS BEEN DANK BROWN AT Times, I Also Request A Liver profile Done as Soon as possible please Respond, this is my life and this Disease Kills.			
I Also Request A liver profile Done as soon as possible			
please RESPOND. This is my life and this Disease Kills			
V	THANK YOU VERY much		
	Donald ( Myshin 5		
(Do not write b	elow this line)		
DICDOCIMIONA			

DISPOSITION:

on clinic for there usus

McKean	
Date 10-7-03	000423

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

BP-S148.055 **INMATE REQU**,  $\Gamma$  **TO STAFF** CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
TO:(Name and Title of Staff Member)  **DR BEAN***	DATE: 9/28/03
FROM: DONAL L MOSItiEN JA	REGISTER NO.: 10924-052
work assignment; extra and enly	UNIT: A/B
SUBJECT: (Briefly state your question or co Continue on back, if necessary. Your failt taken. If necessary, you will be interview request.)	are to be specific may result in no action being wed in order to successfully respond to your
I HAVE BEEN TESTED positive	for Hepatitis C. THIS EXPLAINS
WHI I HAVE BEEN FEELING SI	ck All the time. I Request
At this Time TO Be TREATED	for this Disease with peglates
INTENTENON / RIBINIAM, ALSO THAT	I Be Placed ON CRONIC CARE
WITH NO MORE DELAYS, AND HAVE	e my Blood maniteried Reguenty
I HAVE BEEN Feeling Sich Wi	the pain under my Right Ribs
AND MY UNDER HAS BEEN DA	rk Brown at times
I Also Request A liven profil	e Done as Soon as possible
please Respond This is my li	Fe AND this Disease Kills.
v v	THANK YOU very much.
	Donald ( Mothing &c.
(Do not write	e below this line)
据: (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	recallerets for lob
you hav	eanappointment 103 @ 1230
and cla	n talk Then
Simple Chassin CMI	in the 9/30/70 2 000424
Signature Staff (exbe	$\mathcal{L}^{\text{Mate}} Q/3\lambda/2 \qquad 000424$

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUES, TO STAFF CDFRM SEP 98

TT	S	DEDARTMENT	OF	THETTER

COPY 1 Of 2

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: Q/22 (20
Medical Records	9/22/03
DONALO ( Mostlien 5n	REGISTER NO.: 10924 - 052
MODIZ A COT CHIMENTE.	UNIT: //
extra ondenty	A/B
SUBJECT: (Briefly state your question or conce Continue on back, if necessary. Your failure taken. If necessary, you will be interviewed	to be specific may result in no action being in order to successfully respond to your
I Recuest CODYS at My G	ast Blood tests
I Request copys of my la performed Here at FCF M	nokean
HOLD SILVING THE AT THE	7 E. 7 C. 7
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	,
Dut in ON 9/22/03 at 2:30	0
1907 M 1119 1 / 1-19 92 M	f m
(Do not write be	low this line)
(20 Alec W1100 De	End this line,
DISPOSITION:	
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	2 090
	arp.
American Commence	0.004
F(I	VNCRan
Signature Staff Member	MCKgn  Date 0/25/03  000425

BP-S148.055 INMATE REQUEST TO STAFF CDFRM SEP 98

COPY 1 of 2

### U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)  MM. DR. 0/50N  FROM:  DONALD CERRY MOSHIER DR.  WORK ASSIGNMENT:  SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for bloadwork for a Hepatitus Test. I was told it would take approximately 6 to 8 a for De results to Come in. As you Can I was to find out as a soon As possible would appreciate your Attention to Luhets happen with my results. Also I've been Attention to successfully respond to your age to back break for Some time now, I'm  set a back break for Some time now, I'm  claiton I would like to fornely request a Copy of my Complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)	FROM: DONALD CERROY MOSHIER DR. REGISTER NO.:  DONALD CERROY MOSHIER DR. 10924-052  WORK ASSIGNMENT:  SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action bein taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for bloodwork for a tepa titus Test. I was told it would take approximately 6 to 8 for The results to Come in As you Can I was in the Results to Concerned about the Results that want to find out as a soon As possible would appreciate your Attention to whet happens the my results. Also I've been Attention as get a back brace for some time now, In saddition I would like to formely request a Corpy of my Complete medical record. Thank your for your attention and I await a response.		
DONALD CERROY MOSHIER JR. 10924-052  WORK ASSIGNMENT:  SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for bloodwork for a Hepatitus Test. I was told it would take approximately 6 to 8 a fee The results to Come in As you Com. I magine I me concerned about the Results that want to find out as a soon As possible would appreciate your Attention to whet happe with my results. Also I've been Attention as get a back brace for Some time now, I'm addition I would like to formely request a Copy of my Complete medical record. Thank your for your attention and I await a response.	DONALD CERROY MOSHIER OR. 10924-052  WORK ASSIGNMENT:  SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action bein taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for blood work for a tepatitus Test. I was told it would take approximately 6 to 8 for The results to come in As you can I magine I im concerned about the Results and want to find out as soon As possible would appreciate your attention to what happens to my results. Also I've heen attempting aget a back brook for Some time now, In edition I would like to formely request a Corpy of my complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)		DATE: 9/17/03
WORK ASSIGNMENT:  WORK ASSIGNMENT:  UNIT:  ### SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. OlSon approximately 2 weeks ago I come in for bloodwork for a tepatitus Test. I was told it would take approximately 6 to 8 a for The results to come in As you can for Truncy in the Results to Concerned about the Results and want to find out as a soon As possible would appreciate your Attention to what happe with my results. Also I've heen attempting a get a back brace for Some time now. In saldition I would like to formely request a Copy of my Complete medical record. Thank your for your attention and I await a response.	WORK ASSIGNMENT:  WINT:  SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action beint taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for bloodwork for a tepatitus 755t. I was told it would take approximately 6 to 8 for De results to Come, in Ac you Can I magine I'm Concerned about the Results and want to find out as a soon As possible would appreciate your Attention to what happe with my results. 1/50 I've heen Attentions of your set a back brease for Some time now, In addition I would like to formely request a Copy of my Complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)	DONALD LEROY MOSHIER JR.	
Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I came in for bloodwork for a tepatitus Test. I was told it would take approximately 6 to 8 a for The results to Come, in Ac your Com I magine I'm Concerned about the Results and want to find out as a soon Ac poss, ble would appreciate your Attention to what happe with my results. Also I've heen Attention to what happe with my results. Also I've heen Attention I would like to formely request a Copy of my Complete medical record. Thanky can for your attention and I await a response.	Continue on back, if necessary. Your failure to be specific may result in no action beint taken. If necessary, you will be interviewed in order to successfully respond to your request.)  Dr. Olson approximately 2 weeks ago I come in for bloodwork for attepatitus Test. I was told it would take approximately 6 to 80 for The results to Come in. As your Com I magine I'm Concerned about the Results and want to find out as soon As possible would appreciate your Attention to what happens; the my results. Also I've been Attempting aget a back brace for some time now, I'm addition I would like to formely request a Corpy of my Complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)	,	UNIT: A/B
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was told it would take approximately 6 to 80 for The results to Come in . As you Com  Finagine I'm Concerned about the Results and want to find out as a soon as possible  would appreciate your Attention to what happe with my results. Also I've heen Attempting a get a back brace for some time now, In  ddition I would like to formely request a Copy of my Complete medical record. Thanky con  for your attention and I await a response.	was told it would take approximately 6-to86 for The results to Come in. As you Com  Timesine I'm Concerned about the Results and want to find out as so soon as possible  would appreciate your attention to Luncts happe with my results. Also I've been attempting aget a back brace for Some time now; I'm  delition I would like to fornely request a Copy fry Complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)		
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would appreciate your attention to what happe with my results. Also I've been attempting a get a back brace for Some time now, In delition I would like to formely request a Copy of my Complete medical record. Thank your for your attention and I await a response.	would appreciate your Attention to Luhets happer with my regults. Also I've been Attempting a get a back brace for Some time now, In delition I would like to formely request a Copy of my Complete medical record. Thank your for your attention and I await a response.  (Do not write below this line)		
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delition I would like to formely request a Copy for your attention and I await a response.	ddition I would like to formely request a Copy f my Complete medical record. Thank you for your attention and I await a response.  (Do not write below this line)	with my results. Also	I've been Attempting
for your attention and I await a response.	for your attention and I await a response.  (Do not write below this line)		formely request a Copy
(Do not write below this line)		for your attention a	
	DISPOSITION:	(Do not write h	Delow this line)

You will be placed on callout to see On Bean to discuss your lab tests

	F(I MC YOGO	
Signature Staff Member	Date 9[1810]	000426

Case 1	1:05-cv-00180-SJM-SPB Documents3149cuments16/42/2007  : Seronegat_	Page 13 of 23	re-parties and the second
	LN	924-052	÷
	exprain purpose of session.	Mosnier	
	Review confidentiality.	103100	
	Test Information		
	<ul> <li>a. Inform patient of negative test result.</li> <li>b. Explain purpose of test.</li> <li>c. Identify remaining risks.</li> <li>d. Explain inability of test to detect early negatives)</li> </ul>	infections.	(false
4.	Explain risk reduction behaviors (high risk)		
5.	Discussed follow-up testing (high risk)		
6.	Give additional education material if requested		
——————————————————————————————————————	Patients Reactions/Level of Understanding/Commen	•	
I underst	tand the above information.	nts	
	aell ( Molin I I I I I I I	A	•
_ 4//36	Signature of Staff	Counselor	
Dat	te		7
Seropositi	ive Post-Test Counseling	***	1.5. 1 10 20 20
1.	Confidentiality review.		·
2 .	Patient informed of results of test by physician	n.	
3.	Patient referred to the psychology department for counseling.	or follow-up	-m
Signat	Ture of Inmate Signature of Co.		
Asar	Signature of Staff	Counselor	also
Dat			

# FCI McKean

Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

<u>INS'</u>	TRUCTIONS:	
You	must fill out this form completely, numbers 1-9:	
(Debe	e de llanar este formulario completamente, numeros 1-9.)	
1.	Name: DOHALD & Mostlien JR	
2.	(Nombre) Reg. Number: 10924 - 052	
3.	(Numero de Registro) Date: ///27/02	uu. J
4.	(Fecha) Housing unit and Unit Team: A/B C D	
5.	(Unidad y equipo de la unidad) Complaint. What is your problem?	
	(Queja). (Cual es su problema?)  Thave A Really 13 ad Cold	
	Span Allout and Bad Gough Hear ock	
6.	How long have you had this problem?	
	(Durante cuante tiempo ha tenido este problema?)  Days 2 Months Years	
	Dias) (Meses) (Anos)	•
7.	Are you on any medication(s) at present? Yes No	,
	(Esta usted tomando alguna(s) medicinas actualmente?)	•
8.	Have you purchased Over-the-Counter Medications from Commissary?	
	(Ha comprado medicinas non-prescipcion en la Comisaria?,	
	YesNoX	
9.	Signature Donald ( Mershir Tr. (Firma)	· ·
TO P	COMPLETED BY HELL THOUSE OF THE TOTAL OF THE COLUMN	
IOB	E COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:	
10.	Date Seen:	
		5) 4 - 4
11,	Time Seen:	**
12.	Subjective:	
•		
13,	Objective: Temp. Pulse Respirations B/P	
	Man Dog all	
13.	Appointment Date: Appointment Time S	
14.	Triage Personnel's Signature:	



FCI McKean

TO HOME AND SERVICE SING FOR Material Sick Call Sign-Up Sheet

OZ AUG 29 (Formulation y Registro para Atencion Medica de Confinados)

	Also 110
	RUCTIONS:
You mu	st fill out this form completely, numbers 1-9:
(Debe d	e llanar este formulario completamente, numeros 1-9.)
1.	Name: Donald & MosHien JK
2.	(Nombre) Reg. Number: 10 724 - 052
2	(Numero de Registro) Date: 8/28/02
3.	Date: 8/28/02
4	(Fecha) Housing unit and Unit Team: TEAM: (A) B C D
4.	(Unidad y equipo de la unidad)
5.	Complaint. What is your problem?
ວ.	
	MY CARS T CANT EVEN HEAR OUT OF my LEFT CAN NOW AND THEY BOTH RICK All the Home, AND HONT
	man left pap was and they North View All the Home such the of
	my terr some many that the same of the sam
6.	How long have you had this problem?
0.	(Durante cuante tiempo ha tenido este problema?)
	Days 2 1/2 Wonths Years
	Dias) (Meses) (Anos)
7.	Are you on any medication(s) at present? YesNoNo
, •	(Esta usted tomando alguna(s) medicinas actualmente?)
8.	Have you purchased Over-the-Counter Medications from Commissary?
	(Ha comprado medicinas non-prescipcion en la Comisaria?
	YesNo
	Signature O onabl & Moshier JK
9.	
	(Firma)
TO DE	COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:
10 BE	COMPLETED BY HEADTHCARE OF ANY TRAINED I STOCK IN
10.	Date Seen:
11.	Time Seen:
12.	Subjective:
17	Objective: Temp. Pulse Respirations B/P
13.	Objective.
12	Appointment Date: 9/9/62 Appointment Time 10:30
13.	Appointment Dutes
14.	Triage Personnel's Signature:
7.44	

Specimen #   YPE   Primary Lab   Report	Status 1 Pg	1 Clinical Inform	N. O.	LabCorp	
Time 0630			Δ.ΙΟ1	Fasting	N
		Physician ID		Patient ID	
CD- 53099351380			ВЕАМ Н	10924052	
MOSHIER, DONALD	Age (Yr/Vbs)	A: FEDER	AL CORRECTIONAL	INSTITUTE 37806	845
Pat. Addr.	042/01	MCKEA	N COUNTY		
			& BIG SHANTY F	ROAD	
Date Collected Date Enfered Date Reported	T	LEWIS	RUN, PA 16738 62-8900		
10/10/03 10/11/03 10/11/03	0581	014-3	52-8900		
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	
HEPATIC FUNCTION PANEL (7)	The state of the s	THE PERSON NAMED IN THE PE	011112	KELEKENCE INTERVAL	LAB
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	CB
Albumin, Serum	4.1	•	g/dL	3.5 - 5.5	CB
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	CB
Bilirubin, Direct	0.15		mg/dL	0.00 - 0.40	CB
Alkaline Phosphatase, Serum	64		IU/L	25 - 150	CB
AST (SGOT)		69	H IU/L	0 - 40	CB
This serum sample was in	contact		-	w 25	*****
With the red cells when received.					
This may adversely affect	serum				
Chemistries.					
ALT (SGPT)		115	A IO/L	0 - 40	СВ
BUN	15		mq/dL	5 - 26	
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	CB
BUN/Creatinine Ratio	15		mg/ dii	8 = 27	CB
THE TAX SECTION AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AD	anno anno esperitato suoti paller mano me	TO 000 500 TOTA TOTA STATE STATE STATE STATE STATE	the stee that that the stee same same but the that the that	then days and first and two part told and the made that the told this and the	B 555. 644
Lab: CB LABCORP DUBLIN 6370 WILCOX ROAD DUBL	IN, OH 4	Direct 3016-129	or: ROSE GOODW 6	IN, MD	
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061  Last Page of Report					

S. Czekai, Med Tech.

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# U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS Laboratory, 1900 W. Sunshine SPRINGFIELD, MISSOURI 65808 (417) 862-7041

\*\*\* SENSITIVE-LIMITED OFFICIAL USE \*\*\* FINAL REPORT

Register Number: 10924-052

: MOSHIER JR, DONALD

Age

: 42yr

Name Location .

 $\operatorname{\mathsf{Sex}}$ 

: M

Admit. Physician: BEAM, MD

: MCK

Accession Number: 1787

Order. Physician: BEAM, MD Collected

: 02/12/04 @ 08:45

Test	Result	Flac	Pofowongo Bonne //with	
LIVER PROFILE		·	Reference Range/Unite	Tech
Urea Nitrogen	15		7 - 22 mg/dL	<b>.</b>
Creatinine	1.0			RS CK
Total Protein	7.5	•	0.6 - 1.6 mg/dL	rs ck
Albumin	4.0		6.0 - 8.2  g/dL	RS CK
Alkaline Phos.	63		3.6 - 5.1  g/dL	RS CK
AST (SGOT)	68		41 - 133 U/L	RS CK
LDH	<del>-</del> -	Н	I - 55 U/L	RS CK
Total Bilirubini	397		354 - 705 U/L	rs ck
A/G Ratio			0.20 - 1.30  mg/dL	RS CK
	1.13		1.00 - 2.30	RS CK
Globulin	3.5		2.0 ~ 3.7 g/dL	RS CK
ALT1(SGPT)	<b>/11</b> 5)	HI	<del>-</del> -	RS CK
Direct Bilirubin	0 30		0.00 - 0.50 mg/dL	
Gamma GT1	<sup>5</sup> 54		<del>-</del> -	RS CK
Bilirubin Unconj	0.1	•	8 - 78 U/L	RS CK
T / m	15.8		0.0 - 1.1 mg/dL	HS CK
Bilirubin Conjug			5.0 - 30.0	RS CK
	0.00		0.00 - 0.30  mg/dl	RS CK

LO-Low ALWALarm Low Eb-Slevated Low HIWHigh AHWAlarm High IMWElevated High AB-Abhormai

Name Register Number: 10924-052

: MOSHIER JR, DONALD

Printed

: 02/13/2004 @ 16:28

S. Czakai, Med Tech.

: MCK Page : 1 of 1

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# U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS Laboratory, 1900 W. Sunshine SPRINGFIELD, MISSOURI 65808 (417) 862-7041

# \*\*\* SENSITIVE-LIMITED OFFICIAL USE \*\*\* FINAL REPORT

Register Number: 10924-052

Name : MOSHIER JR, DONALD Age

: 42yr

Location

: MCK

Sex

: M

Admit. Physician: BEAM, MD Order. Physician: BEAM, MD

Accession Number: 8912

Collected

: 05/12/04 @ 06:20 by: REFE

Test Collection Cmt.	Result	Flag	Reference Range/Units	Tech
TIPTO TESTING	Fasting		•	TC
LIVER PROFILE				
Glucose	(177)	,		
Urea Nitrogen		HI	70 - 110 mg/dL	LN CK
Creatinine	1.0		7 - 22 mg/đL	LN CK
Total Protein	7.4		0.6 - 1.6 mg/dL	LN CK
Albumin	3.8		6.0 - 8.2  g/dL	LN CK
Alkaline Phos.	68		3.6 - 5.1  g/dL	LN CK
AST (SGOT)	93		41 - 133 U/L	TN CK
LDH	400	HI	11 - 55 U/L	LN CK
Total Bilirubinl	- ·		354 - 705 U/L	LN CK
Cholesterol	114		0.20 - 1.30 mg/dL	LN CK
Triglycerides	169	LO	140 - 200 mg/dL	LN CK
A/G Ratio	1.04		30 - 200 mg/dL	LN CK
Globulin	3.6		1.00 - 2.30	LN CK
ALT1 (SGPT)	129		2.0 - 3.7  g/dL	LN CK
Direct Bilirubin		HI	11 - 66 U/L	LN CK
Gamma GT1	54		0.00 - 0.50  mg/dL	LN CK
Bilirubin Unconj	0.4		8 - 78 σ/L	LN CK
Bun/Creat Ratio	12.0	'- -	0.0 - 1.1  mg/dL	HS CK
HDL-Cholesterol1			5.0 - 30.0	LN CK
"DE CHOISTSEEOIT	•	ĽO	29 - 67 mg/dL	LN CK
	Other factors critical to asses	sment of	•	
	CHD risk - Overweight, Blood Pr	essure,		
	Smoking and Familial History.			
APA	34		mg/dL	Ita au
LDL Cholesterol	58	LO	62 - 130 mg/dL	HS CK
Shol/HDL Patio	5.2	HI	3.4 - 5.0	HS CK HS CK
Glycohemoglobin	4.9		4.3 - 6.3 %AIC	LN CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dl	•
			0-30 mg/02	IN CK

Legend

: MOSHIER JR, DONALD

10-how AL-Alarm Low EL-Elevated Lov HI-High AH-Alarm High EH-Elevated High AH-Name

Register Number: 10924-052

Printed : 05/13/2004 @ 17:06

Location : MCK Page

: 1 of 1

000432

Patient Name

DONALD

Age (Y/M;D)

42/11/01

Total Volume

Additional Information

Phone: 614-889-1061



Date of Birth

08/18/61

Date and Time Collected 07/19/04 08:15

MOSHIER,

Sex

LabCorp Dublin 6370 Wilcox Road Dublin, OH 43016-1296

Patient ID 10924 052 Patient Phone Fasting

Date and Time Reported

07/27/04 15:11 ET

Cantral Number Account Number Specimen Number AK537806845 37806845 201-844-1529-0 Physician (D Physician Name BEAM

Federal Correctional Institute

00

McKean County

Rt 59 & Big Shanty Road Lew1s Run PA 16738

814-362-8900

pir:

Dir: Myla Lai-Goldman, MD

Hepatitis C Virus Genotyping

REFERENCE INTERVAL LAB UNITS FLAG RESULT

TESTS Repatitis C Virus Genotyping

Hepatitis C Genotype

3e

Tests Ordered

see Note

TG

TG

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

please note:

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Rose Goodwin, MD

CB: LabCorp Dublin

6370 Wilcox Road, Dublin, OH 43016-1296

TG: LabCorp RTP

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061 1912 Alexander Drive, RTP, NC 27709

DONALD MOSHIER

10924 052

201-844-1529-0

Seq # 1081

FINAL REPORT

Page 1 of 1

# ST. JOHN'S REGIONAL HEALTH CENTER

1235 E. Cherokee ~ Springfield, Mo. 65804

### CLINICAL LABORATORY

# Periodic

Name:

MOSHIER, DONALD

SJRHC MRN: J0003117849

10924-052

0

Birthdate: Age / Sex: 08/18/1961

Pt. Fin No:

42 Years Male 420301408

Client:

St. John's Regional Health Center

Location: MC SensitiveLOU

Order Physician:

Copy To:

Admit Physician: Federal Medical Center, 000-00-9999

# CHEMISTRY

## General Chemistry

Collection Date

07/19/2004

08:10

Test Name

180.0

Reference Range

Units

[17.9-464.0]

ng/mL

07/19/2004 08:10:00 Ferr:

Time

WARD MCK

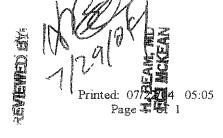
Ferritin

ACCT #5287

INMATE # 10924-052

 $C_{m}$ Critical Result Abnormal Text Result Corrected Result Footnote / Result Comment

Periodic



24Jul 2004 U8:U8 FKUNI: LADUUR" Document 53-13 Federal Correctioner Institute 21 of 23 Case 1:05-cv-00180-S\_IM-SPB To:

Tests Didered

Date of Birth

08/18/61

Moshier,

М

LabCorp Dublin 6370 Wilcox Road Dublin, OH 43016-1296

Fasting

Phone: 614-889-1061 Control Number Account Number Specimen Number AK437806845 37806845 201-844-1526-0

Physician Name M. Blow

Physician (D) BEAM

Account

Federal Correctional Institute McKean County

0.0

Date and Time Reported Total Volume Date and Time Collected 07/24/04 08:06 ET 07/19/04 08:15

Additional Information

Rt 59 & Big Shanty Road Lewis Run PA 16738

814-362-8900

HCV QuantaSure Plus(Non-Graph)

Tests

REFERENCE INTERVAL LAB UNITS RESULT FLAG

MCV QuantaSure Plus (Mon-Graph)

Patient Name

Age (Y/M/D)

42/11/01

DONALD

International Units

7,270,000

Patient ID

Parient Phone

10924 052

IU/mL

TG TG

Please note:

This test measures HCV RNA using real-time Polymerase Chain Reaction (PCR) techno Ogy. The assay was developed and its performance characteristics were determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin

Rose Goodwin, MD Dir:

6370 Wilcox Road, Dublin, OH 43016-1296

TG: LabCorp RTP

Myla Lai-Goldman, MD

1912 Alexander Drive, RTP, NC 27709

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061

Shai wit 3. Czeksi, Med Tech.

MOSHIER, DONALD 10924 052

201-844-1526

Seq # 1073

FINAL REPORT

Page 1 of 1

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176 Thornberry Drive Pittsburgh, PA 15235-5061 June 25, 2007

Megan E. Farrell
Assistant U.S. Attorney
Western District of Pennsylvania
U.S. Post Office & Courthouse
700 Grant Street
Suite 400
Pittsburgh, PA 15219

**DRAFT** 

Re: Donald L. Moshier, Jr. v. United States, et al. Civil Action No. 05-180E

Dear Ms. Farrell:

I have reviewed the materials concerning the above-captioned case as sent with your covering letter of June 11, 2007. Before offering an opinion as to the quality of medical care rendered to Mr. Moshier, I would briefly like to review the details of his medical problem and the therapy provided.

Mr. Moshier informed the medical staff (Dr. Herbert Beam, M.D.) at the McKean County PA federal prison of his history of high risk behavior and the possibility that he could have hepatitis C on 9/2/03. Mr. Moshier requested testing for this possibility. Screening for the presence of the antibody to the hepatitis C virus (anti-HCV) was reported as positive on 9/16/03. On 10/10/03 Mr. Moshier's serum ALT level was reported as 115 with the upper limit of normal (ULN) < 40. Subsequent relevant testing included finding the presence of prior exposure and immunity to the hepatitis B virus (HBV) -11/26/03, ALT levels of 115 (2/12/04) and 129 (5/12/04) with the ULN on these occasions <66, determining the viral genotype to be 3e (7/19/04) and a liver biopsy performed 8/24/04 which demonstrated cirrhosis of the liver in a micronodular pattern with active areas of piecemeal necrosis (Bradford Regional Medical Center, pathology #: S04-3048). Psychological clearance for the administration of Interferon (INF) was obtained on 9/22/04 and treatment with the pegylated form of INF (PEG-INF) plus ribavirin was initiated on 10/28/04.

Mr. Moshier's treatment extended to 4/14/05 (approximately 24 weeks) during which time he received a total of 25 doses of PEG-INF (11 at full strength) as well as daily ribavirin . The doses of these medications were modified during the course of this therapy to account for changes in bone marrow function as monitored by the medical staff.

The management of Mr. Moshier's chronic hepatitis C included:

(1) The appropriate documentation of the chronicity of the active infection with demonstrated elevations of the liver inflammation marker ALT to greater than twice the ULN over a 6 month period (10/10/03 & 5/12/04 with Mr. Moshier having missed a Chronic

Care Clinic visit on 4/21/04). This monitoring over time is in accordance with all current recommendations as to the treatment of chronic hepatitis C in order to document the chronic nature of the active and ongoing liver necrosis as well as to provide a basis for treatment prognosis as medication for the therapy of chronic hepatitis C is both less likely to be needed or succeed in those patients with ALT levels < twice the ULN.

- (2) The typing of the hepatitis virus to provide the correct duration of therapy, which in this instance is 24 weeks.
- (3) The performance of a liver biopsy to accurately gauge the extent of disease prior to the onset of therapy and, in Mr. Moshier's case, to carefully monitor him for treatment-induced hepatic decompensation. This is an important consideration when initiating anti-viral therapy in an individual with already established advanced (cirrhotic) liver disease.
- (4) The careful monitoring of bone marrow functioning during the course of therapy.
- (5) The exclusion of relevant concomitant disease prior to initiating treatment which would profoundly influence the modality of therapy by checking for hepatitis B and HIV (performed 4/16/03, negative HIV-Ab).
- (6) The modification of medication dosage schedules consistent with bone marrow function assessments by appropriately timed monitoring of total white cell, neutrophile and platelet counts as well as hemoglobin and hematocrit testing.

As regards the advanced stage of liver disease noted on biopsy, this was the product of decades of liver disease rather than the almost twelve month time frame from initial request for evaluation for possible hepatitis C virus infection (9/2/03) to the time of liver biopsy (8/24/04). In the non-immunocompromised, non-multiply infected individual with actively ongoing hepatitis C infection the process leading to cirrhosis involves decades rather than months.

In summary, Mr. Moshier's chronic hepatitis C was diagnosed and treated in an entirely appropriate manner consistent with the medical standards of care for this disease.

Sincerely yours,

Barry Kisloff, M.D., FACP